

**FEC FORM 3L****REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS  
AND LOBBYIST/REGISTRANT PACs**

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5  
**Tammy Baldwin for Senate**

ADDRESS (number and street) PO Box 696  
 Check if different than previously reported. (ACC) Madison WI 53701  
 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00326801  
 3. IS THIS REPORT NEW OR AMENDED (N) (A)  
 4. STATE DISTRICT WI 00  
 For Candidates Only

5. TYPE OF REPORT (Choose One)  
 (a) Quarterly Reports:  
☒ April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2) and/or Semi-annual Report  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE) and/or Semi-annual Report  
 July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report  
 (b) Monthly Report Due On:  
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4) Jul 20 (M7) and/or Semi-annual Report Oct 20 (M10) Jan 31 (YE) and/or Semi-annual Report  
 (c) 12-Day PRE-Election Report for the:  
 Primary (12P) General (12G) Runoff (12R) This report also covers the semi-annual period  
 Special (12S) Convention (12C)  
 Election on M M D D / Y Y Y Y in the State of See Line 6(b)  
 (d) 30-Day POST-Election Report for the:  
 General (30G) Runoff (30R) Special (30S) This report also covers the semi-annual period  
 Election on / D D / Y Y Y Y in the State of See Line 6(b)

6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period  
 This report covers M M D D / Y Y Y Y through M M D D / Y Y Y Y and/or January 1 - June 30  
 01 01 2015 03 31 2015 July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period  
 0.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Michael F. Childers

Signature of Treasurer Mr. Michael F. Childers Date 04 14 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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**FEC FORM 3L**  
 02/2009

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 SECRETARY OF THE U.S. HOUSE OF REPRESENTATIVES  
 PUBLIC RECORDS

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